



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Acupuncture Program

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/Acupuncturists

Acupuncture License Application

A person may not practice acupuncture without a license.

— AS 08.06.010

Qualifications for licensure by either education, licensure in another jurisdiction, or courtesy.

Licensure by EDUCATION

The following documents and fees must be on file with the Division before the application will be reviewed:

1. APPLICATION:

Completed, signed, and notarized. The applicant must be at least 21 years of age as shown on the notarized application. An applicant with a "Yes" answer to one or more professional fitness questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. FEES:

Nonrefundable application fee: \$200

Acupuncturist license fee: \$225

Payable by the attached credit card form, or a check or money order made payable to the State of Alaska.

3. EDUCATION:

An official transcript from a school or college of acupuncture accredited by the Accreditation Commission for Colleges of Acupuncture and Oriental Medicine (ACCAOM).

4. NCCAOM DIPLOMATE:

A certified true copy of the NCCAOM Diplomate certificate or an original verification of diplomate qualification sent directly from the National Certification Commission for Acupuncture and Oriental Medicine:

NCCAOM

11 Canal Center Plaza, Suite 300

Alexandria, VA 22314

www.nccaom.org

5. MORAL CHARACTER FORMS:

Two original forms (attached) each signed and notarized, attesting to your character.

6. RELEASE:

Completed Authorization for Release of Records form (attached).

Licensure based on LICENSURE IN ANOTHER STATE

The following documents and fees must be on file with the Division before the application will be reviewed:

1. APPLICATION:

Completed, signed, and notarized. The applicant must be at least 21 years of age as shown on the notarized application. An applicant with a "Yes" answer to one or more professional fitness questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. FEES:

Nonrefundable application fee: \$200
Acupuncturist license fee: \$225

Payable by the attached credit card form, or a check or money order made payable to the State of Alaska.

3. LICENSE VERIFICATION:

Verification of licensure form (attached) from each state, territory, or country in which the applicant holds, or has held, a license to practice acupuncture. Make additional copies as necessary.

4. NCCAOM DIPLOMATE:

A certified true copy of the NCCAOM Diplomate certificate or an original verification of diplomate qualification sent directly from the National Certification Commission for Acupuncture and Oriental Medicine:

NCCAOM
11 Canal Center Plaza, Suite 300
Alexandria, VA 22314
www.nccaom.org

5. MORAL CHARACTER FORMS:

Two original forms (attached) each signed and notarized, attesting to your character.

6. RELEASE:

Completed Authorization for Release of Records form (attached).

COURTESY License

The Department will issue a courtesy license to an applicant for the recognized limited purposes of:

- provision of professional services in an emergency situation specifically recognized by the department, or;
- instruction or provision of professional services at a clinic or seminar focused on a subject in which the applicant is a specialist.

The applicant must submit a completed application; \$50 application fee and \$100 courtesy license fee; verification of a current license in the profession in another licensing jurisdiction that confirms the license is active, in good standing, and covers the scope of practice required for the limited purpose as stated; a description of the limited purpose of the courtesy license and the applicant's intended scope of practice under it; a notarized statement that the applicant is not a resident of Alaska; and a second notarized statement that the applicant has not previously been denied a license or had a license revoked for the profession in this or another licensing jurisdiction.

A courtesy license does not authorize the holder to practice the profession outside the scope of the limited purpose for which the courtesy license is issued and the license is valid for no more than 90 consecutive days.

The Division will not issue more than two courtesy licenses for the profession to an individual within a consecutive 18-month period.



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General Instructions

- This application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form, found on the Division's website at: ProfessionalLicense.Alaska.Gov
- Legal Name Change: If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under a former name, submit marriage license, divorce dissolution and/or court documents that are notarized as a "certified true copy of the original document."
- Average processing time is four to six weeks.
- Do not fax or email your application to the Division.
- An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure those documents are submitted to our office.
- The application review process is defined by the requirements set forth in state law. The Division must comply with those laws in processing applications.
- The Division conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Division will not accelerate one application over others nor will it forego any elements of its screening process.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, download the applications from the Division's acupuncturist website. Applications will be rejected if not the current version.

**IT IS ILLEGAL TO PRACTICE ACUPUNCTURE IN ALASKA WITHOUT A VALID
LICENSE — PLEASE PLAN AHEAD**

! General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

"YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document".

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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PART I Applicant Information

Applying By:	<input type="checkbox"/> Education <input type="checkbox"/> Licensure in another jurisdiction <input type="checkbox"/> Courtesy (see instructions)
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Application Fee:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00
	<input type="checkbox"/> Nonrefundable Courtesy License Application Fee	\$50.00
License Fee:	<input type="checkbox"/> Acupuncture License Fee	\$225.00
	<input type="checkbox"/> Courtesy License Fee	\$100.00
Optional Fees:	<input type="checkbox"/> Wall Certificate	\$20.00

Full Legal Name:	
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Mailing Address:			
Phone:		Gender:	
Birthdate:	Month:	Day:	Year:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
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SOCIAL SECURITY NUMBER: As required by state law, please provide your United States Social Security Number. It is considered confidential information and is not for public disclosure; it may be used to verify interstate licensure.

PART II Education

List all ACCAOM-accredited acupuncture schools attended. Transcripts must be sent directly from the school to the Division.

Name of Acupuncture School:

Address of School:

Type of Degree Awarded:

Date Degree Awarded:

Name of Acupuncture School:

Address of School:

Type of Degree Awarded:

Date Degree Awarded:

PART III License History

This Part does not apply to me.

List all current and previous acupuncture licenses held in any state, territory, or country. The license verifications must be completed by the issuing agencies and then sent directly to the Division.

State or Jurisdiction	License Number	Issue Date	Status	Licensed by
				<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity

PART IV Practice History

This Part does not apply to me.

List all employment and/or private practice work experience as an acupuncturist since first being licensed

Employer / Associate:

Address:

Job Title:

Dates Employed:

Employer / Associate:

Address:

Job Title:

Dates Employed:

Employer / Associate:

Address:

Job Title:

Dates Employed:

PART V Professional Fitness

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, closing documents, board or license actions, etc.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No

3. Have you ever had any malpractice settlements or judgments paid in your behalf? Yes No

4. Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness? * Yes No

5. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? * Yes No

6. Within the past five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to safely practice acupuncture? * Yes No

If you checked "Yes" to any of the above questions, you must attach a signed and dated detailed explanation. If you checked "Yes" to questions 5, 6 or 7, in addition to your personal statement, you must request a "fit to practice" letter from the appropriate health care provider indicating your ability to safely practice.

PART VI Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for unsworn falsification. (AS 11.56.210)

Notary Stamp	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and its investigators, and/or representatives of the office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for Alaska acupuncture licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Name			
Address			
Phone		Date of Birth	
Email			
Signature		Date	



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Verification of Acupuncture Licensure

→ Applicant:

Complete this top part and then forward it every state or jurisdiction where you are, or have been, licensed. Make copies as necessary.

Some states require a fee for completion of license verification.

Full Legal Name:		Email:	
Applicant's Signature:		Date:	

→ Licensing Agency:

Complete this bottom part for the applicant identified above and return the form directly to the letterhead address. You may use your state verification of license certificate if it includes all of the below information. Electronic VOLs are accepted.

State Board or Licensing Jurisdiction:			
Name of Licensee			
License Number:		Periods of Lapse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed By:	<input type="checkbox"/> Credentials <input type="checkbox"/> Reciprocity <input type="checkbox"/> Examination <input type="checkbox"/> Other (please specify):		
Initial License Date:		Expiration Date:	
License Status:	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other:		

1. Has there been any final disciplinary action taken against this licensee? If yes, please provide a copy of the disciplinary action document. Yes No

2. Does your state require NCCAOM certification for licensure? Yes No

List any derogatory information:	
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Board Seal	Signature:	Date:
	Printed Name	Title
	Phone	Email



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Certificate of Moral Character

(Two Required)

Applicant's Name	
-------------------------	--

Number of years I have been personally acquainted with the applicant:	
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This certifies that I have been personally acquainted with the above-named applicant for the number of years stated and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I recommend him/her to the State of Alaska, Department of Commerce, Community, and Economic Development, as being entirely worthy to be licensed to practice acupuncture in Alaska pursuant to law.

Notary Stamp	Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	

Two Certificates of Moral Character are required



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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, Other (name change, wall certificate, fine, duplicate license, exam, etc.), and Total.

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

.....

VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.